## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

Filer identification Number	Report Filed By Candidate Committee Lobbyis (Mark X)	
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT JIM BOCK	<u> </u>
Street Address	1000 MARIANNA AVE	
City ERIE	State PA Zip Code 16506	
Type of Report (Place x under report type)  1. 6 <sup>th</sup> Tuesday   2. 2 <sup>nd</sup> Friday   3. 30 Day Po	t 4-6 <sup>th</sup> Tuesday   5-2 <sup>nd</sup> Friday   6-30 Day Post   7- Annual   Special 2 <sup>nd</sup> Friday   Special 3	20 Day
Pre-Primary Pre-Primary Primary	Pre-Election Pre-Election Pre-Election Post-Ele	ction
Pate Of Election	Year Amendment Termination	
(MM/DD/XYYY)	Report Report	
Summary of Receipts and From Date Expenditures	To Date For Office Use Only	
///28/20 A. Amount Brought Forward From Last Repo	r s	
B. Total Monetary Contributions and Receip	\$ 1,716.01	
(From Schedule I) C. Total Funds Available	\$ 1,716.01	
(Sum of Lines A and B) D. Total Expenditures	\$ 1,700.00	
(From Schedule III)  E. Ending Cash Balance	\$ 16.01	
(Subtract Line D from Line C) F. Value of In:Kind Contributions Received	\$ 0.00	.,
(From Schedule II) G. Unpaid Debts and Obligations	\$ 300.00	
(From Schedule IV)	Affidavit Section	
Part 1- If this is a <b>Committee</b> report, treasurer sign I swear (or affirm) that this report, including the at	here. If this is a <b>Candidate</b> report, candidate sign here. ached schedules on paper, is to the best of my knowledge and belief true, correct and complete HOFP	ENNSYLVANIA
Sworn to and subscribed before me this	NGT ARIAL SE Tonia Wilk, Notary	Public
Donia Wilt	Signature of Person Submitting report My Commission Expires  Wy Commission Expires  We Commission Expires	Aptil 3, 2019
Signature	Printed Name State Association of the Printed Name	ATON OF NOTANIES
My Commission expires MO. DAY YI	Area Code Daytime Telephone Number	
Part II- If this is a report of a Candidate's Authorize	d Committee, candidate shall sign here.  and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, N	320) as
amended,		H OF PENNSYLVAN
Sworn to and subscribed before me this	Tonia Wifi	t. Notary Public
day of Moucary 20 8		rie. Erie County : Expires April 3, 2019 : Astronariik on Natas
Signature	Printed Name.	100 May
My Commission expires 4-3-19 MO. DAY YR.	814 573 ~ 4309  Area Code Daytime Telephone Number	

# SCHEDULE I Contributions and Receipts

Detailed Summary Page

Fler identification Number		600			
		4 T 350			
1.Unitemized Contributions and Receipts	\$50.00 or tess per contributor			(1982年) (1985年) (1982年) (1982年) (1984年)	
	Total				
	Total for the reporting period	(1)	<b> \$</b>	0.00	
2: Contributions of \$50.01 to \$250.00 (Fr Part A and Part B)	om .				
Contributions Received from Political Com	mittees (Part A)		\$	0.00	
All Other Contributions (Part B) -			\$	0.00 0.00 0.00	
	Total for the reporting period	(2)	\$	0.00	
3. Contributions Over \$250.00 (From Part	Cand Part D)				***
Contributions Received from Political Comi	nittees (Part C)		S	0.00	
All Other Contributions (Part D)			\$	0.00 0.00 0.00	
	Total for the reporting period	(3)	\$	0.00	
4. Other Receipts-Refunds, Interest Earne	d, Returned Checks, ETC. (From Part I	j			
	Total for the reporting period	(4)	\$	0.00	Victoria de la Companya de la Compa
Total Monetary Contributions and Receipts	during this reporting period (Add and		\$		

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

0.00

### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

		Amount Date (MM)/DD/YYY)
Full Name of Contributing Committee	11/4	Pate (mai/po/trt)
House# Street Address	NICI	Date [MM/DD/YYYY] \$
City 1	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing  Committee		Date [MW/OD/YYYY] \$
House# Street Address		Oate [MM/DD/YYYY] S
		Value of the second sec
City	State Zip Code	Date [MM/DD/YY/Y] 5
Full Name of Contributing  Committee	[12](14](B. 14] (B. 14] (B. 14]	Date [MM/9D/YYY] S
		Date:IMM/DD/VYVYI \$
Street Address		- Data (MIN/AD), 1-41
City	State Zip Code	Date (MM/DD/YYYY) \$
Full Name of Contributing  Committee		Date [MM/DD/XYYY] \$
House # Street Address	-	Date [IVIM/QD/YYYY] \$
Clo	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing		Date (MIV/)DD/YYYY() S
Committee		
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing		Pate [IMM/DD/YWYY] S
Committee		
House # Street Address		Date [MIVI/DD/YYYV] \$
City	State Zip Code	Date [MW/DD/YYYY] \$

### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

THE STATE OF THE PROPERTY OF THE PARTY.		
Full Name of Contributor	A 1 / A	Date (MIN/OD/VYYY) %5
House# Street Address	Ιστ	Date [MM/OD/YYYY] \$
City	State Zip Gode	Diste (MiD/DD/WYYY) S
Euli Name of Contributor		*Pate(Mim/DD)/YYYY
House # Street Address		Date TMM/OD/YYYY)
City.	State Zip Code	Date (MIVI/DD/YYYY) S
Full Name of Contributor		Date [MW//DD/YYYY] S
House # Street Address	A Comment of the comm	Date (WW//DD/AY/VI) 5
Gity.	State Zip Gode	Pare (MM/DD/3/44) s
FAII Name of Contributor.  House # Street Address		Date (MNV/DD/X-YX-Y) S
City	State Zip Code	Date (MM/DD/YYYY) \$
Fall Name of Contributor		Date (NIM/DD/YYN) 5
Hduse II Street Address	· · · · · · · · · · · · · · · · · · ·	Date IVIM/OD/YAYYI 5
Etty .	State 22jp Gode	Pate (VM/DD/YYYY) ( 5
Full Name/of Contributor		Date [MM/OD/YYYY] 3 \$
House # Street Address		Pate (MIM/DD//YYY) \$
Gity:	State Zip/Code	Date [Anlo/DD/XYXY] \$

## PART C

## **Contributions Received From Political Committees**

Over \$250,00
Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee	DETETROVOR/MAX) (\$
House # Street Address	<u>(Date (NM/QD/YYYY)</u> \$
Çipy State Zip Code	Pate [VIIII/OD/YYYY] 25
cult Name of Contributing Committee	Date (MIN/OD/NYV) s
House # Street Address	Date [M/II/DD/YYY] \$
City State Zip Code,	Date[MM/DD/YYYY] 5 Date[MW/DD/YYYY] \$
Convibuting Committee	*Date [MM/pit/XYY4] \$
City State Zip.code	Date (0.00/DD/VYVY) \$
Ful Name of second	Spate (IMM/OD/WWALE & S
Contributing Committee  House # Street Address	Date [MW//DD/WYY] - 1,5
Eity State Zip Code	Date (MIV/DD/YYY)() 5
Full Name of Contributing Committee	paye (MIVI/OD/AYYAY) \$
House# Street Address	Date NNN/DD/NYYYI 5
City State Zip Code	Date (MM/DD/YYYY) \$
Full Name of Contribution (overnite)	Date [MW/QD/YYYY] 5
House # Street Address	Date(MIMADD/MMY) .\$
City   State   Zip Code	Gate innv/pp/YYYYI  \$

## PART D **All Other Contributions**

Over \$250,00

Use this Part to Itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

elle/remitication numbers		
Full Name of Contributor	NA	Oate (WW/CD/WWY) 5
House # Street Athice	State Zip Codez	Date IMM/DD/YYYYI 5 5 Date IMM/DD/YYYYI 85
Ettployer Name		Occupation
Copioyee Walling Address ( Principal Place of Guerness FURNAMIC of Contributor		Date (Mat/DD) avyy) 5
House: # Site ev Address		Date (MAN/DD/AVYY)
Employer Name	State Zip Code	Date (MINI/DD/)/YYY).
Employer Walling Address / Principal Place of Business Eul! Name of Contributor:		, Skinpedine
House II Street Address		Date MM/DD/VVYg 4
GIV	State Zip Code	Date (IGM/DD/AVYY)3
Employer dame. Employer (Milling Address /		Occupation (
Principal Place of Augmess Full Marie of Contributor		Date (taliw/pib/s) 177)
Mabso (2) Street Address		20te (NiM/DD/YYY) \$
Sinbleyer Games and agency and agency	Pete in Code	Occupation
Propiever Mailing Andress / Principal Place of Fusiness		

### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Elendentification Number				
Füll Name		en en la region de	ministrativa program antenno esta esta esta esta esta esta esta esta	de de marchine de societat de como como como como con a societa de como como como como como como como com
	eet Address	- A)	/A	
	eet Address	70	No.	
Gity 1		State	Zip Code	Date (MM/DD/XYXY) \$2
Receipt Description				
-Full Name		a de la composição de l		प्रकृतिको पुरस्तक केला का अपना का
House# Str	eet Adoress		<u> </u>	
City Constitution		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
	et Address			
City		State	Zip Cade	Date [VIIVI/DD/YYYY] \$
Receipt Description				·
FüliNäme	SAME OF STREET			
	et Address	D00-00-00-00-00-00-00-00-00-00-00-00-00-	Constant Constant	
City		State 1	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			•	
Full Name				
	er Address			
Giệ V		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		100 mm		<u> </u>
าลินไก้Name	क्ष्मा के प्रश्निक के स्वर्थ के प्रश्निक के प्रश्निक के प्रश्निक के प्रश्निक के प्रश्निक के प्रश्निक के प्रश्निक 			
House # Stre	et Address	······································		
City		State	Zip	Date: MIVI/GD/WWM \$
Receipt Description			Code	
nereth resulting		TIL SI DANG TON BOOK SING AND		

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer (dentification Number)		
iEgil Name of Contributor	NIA	pate (MM//DD/YYYY) \$
House # Street Address		Date (MM/6D/AYXXI) \$
City	State Zip Code	Date:[WW//DD/YYY//] \$
Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY] 5
House# Street Address		Date [MIM/DD/YYYY]] \$
Sit.	State Zip Code	Date [WM/DD/YYYY] \$
Description of Contribution		
Full Name of Contributor		Date (MM/DD/WWY)
House# Street-Address		bate [MIVI/DD/X(VVI) 55
City  Description of Contribution	State Zip Gode	Date [MM/DD/YYYY] 5
Full Name of Contributor		Date[MM/DD/AYYY] 5
House# Street Address		Date [MM/DD/YYYY] \$
City .  Description of Contribution	State Zip Code	Date [WIM/OD/YYYY] \$
Full Name of Contributor		Date [MM/DD/XYYY] \$
Holise # Street Address		Date [MM/DD/YYYM] \$
City  Description of Contribution	State Zip Code	Date [MM/DD/XYY/] 5

## SCHEDULE II

### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

(Eller Identification Number)

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Full Name of Contributor	. 1 / 4	Date IMM/DD/ANW)
	$\Lambda / \Lambda$	
Hause # Street-Address		Date (MW/DD/XY/W) 5
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	ECONOMIC AND ADMINISTRATION OF THE PROPERTY OF	
City	State Zip Code	Pate [WIV/DD/'\\Y] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of
		Contribution
#FULLINA mezof Gontributor		Date (MM/DD/AWA)
House # Street Address		Date [MW/DD/YYYY] \$
		Date (WW/DD/YYYY) \$
City	State Zip Code	Bate folia/Dov (1911)
Employer Name		Occupation
Employer Walling Address / Principal		Description
Place of Business		of
A STATE OF THE STA		Contribution
Full Name of Contributor	•	Date [MM/DD/YYY] 35
House# Street Address		Date [MW/DD/YYYY] \$
City (	State Zip.Code	Date [MW/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		sDescription.
Place of Business		of a
		Contribution .
Full Name of Contributer		Date [VIM/DD/YYYY] \$
280		
House # Street Address		Date[WW/DD/YYYY] 1 \$
Gity	State Zin Gode	Date [MN/DD/WYY) \$
Employer Name		Occupation.
Employer Wailing Address / Principal		Description
Place of Business		of Contribution
	·	

### SCHEDULE (I

## **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

File: Identification Number:	aga niki salas da		en e	enga attawan sa tao ata ga mana ay sa t
				V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
1 _ UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF S	(0),000 (	JR LESS PER CONTRIBUTOR		
TOTAL for the reporting period (1)	\$	0.00		
2 INKIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250	(00 (F	RGM PART E)		
TOTAL for the reporting period (2)	\$	0.00		
3.4 IN:KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FRC)	VI PAR	TG)		
TOTAL for the reporting period (3)	\$	0.00		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0,00		

# SCHEDULE III Statement of Expenditures

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the state of the s	and the labor transport makes it. The barrier		 		

na Whan Galdk		en es actual en article approprie a contrar en establica en en establica en e En en	1	Date (MM/DD/AVGM)	era area esta en esta e
	JAMES S	S, 4-RACHEL. MARIANNA	E. Bock	12/26/2017	1,700.00
			AVE	Description of Expenditure	
Total American	215	State PA	Zip Gode 16509	PARTIAL LOAN	REPAYMENT
To Whom Paid		CAN THE PARTY OF T	reteren ist die der Bouge von de Gereine von der der Outsche Geschende von von gewenne gester der Australie Ge	Date [IV/M//DB/YYYY] S	
House #	Street Address			Description of Expenditure	
<b>City</b>		State	216		
To Whom Paid	Colonia de la co		Code	Bate (MM/DD/AYYY)	
House#	Street Address		· .	Description of Expenditure	
City .	SueerAddress	sec	house were and	Description of Expenditure	
		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] is \$	
House #	Street Address			Description of Expenditure	
[e];y_	OI.	-51a(2	Zíp		
To Whom Paid				Dates[MM/DD/NYXY] \$	
House #	Street Address		***************************************	Description of Expenditure	
City		State	Zíř		
rownom Pale			code	Data(MM/DD/Ataka 55	
	International Control of the Abertus				
House #	Street Address			Description of Expenditure	
City		State	Žip Code		The state of the s
To Alham Paid		ili alika da sama menangan sama mengangan sama mengan da sama sama sama sama sama sama sama s		Paté MM/DD/YYYYI 5	
House #	Street Address	ARMA WARANTA		Description of Expenditure	3511
City		State	Zip		
Te Whom Paid			Code	Date [MM/Dib/YYYY] \$	
House #	Street Address				
City.	Street Augress		Free State S	Description of Expenditure	
	ing di Santa	State	Zip Code		

## SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Creditor  Nouse:# / OOO  Gity:  Description of Debt	TAMES S. 4 RACHEL E. BOCK et Address  MARIANNA AVE  State  PA 2017  State  LOAN TO COMMITTEE
Gity State	et Address  DATE DEBT INCURRED  State  State  Zip  Gode
Description of Pelit  Name of Creditor  House # Stree  City	Outstanding Balance of Debt.  et Address DATE DEBT-INCURRED [MM/DD/YYYY] State Zip
Description of Debt  Name of Greditor  House # Stree  City	Code  Code  Quistanding Balance of Debt  BE-Address  DATE DEBT (NGURRED S [NNW/DD/YYYY)]  State  Zip
Description of Debt  Name of Creditor	Code  Outstanding Balance of Debt  DATE DEBT INCURRED  S  [MINI/DD/YYY]  1
City  Description of Digit  Name of Creditor  House# Street	State Zip; Code >   Outstanding Balance of Debt  C'Address DATE DEBT INCURRED S  [Willy DD/YYYY]
City Description of Debt	State Zip Code